

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/		
2		/					52	/		
3		/					53	/		
4	/						54		/	
5		/					55	/		
6		/					56		/	
7		/					57	/		
8	/						58		/	
9		/					59		/	
10		/					60	/		
11		/					61	/		
12	/						62		/	
13		/					63		/	
14		/					64		/	
15	/						65		/	
16		/					66		/	
17		/					67			
18		/					68			
19	/						69			
20		/					70			
21		/					71			
22		/					72			
23	/						73			
24		/					74			
25		/					75			
26		/					76			
27		/					77			
28	/						78			
29		/					79			
30		/					80			
31		/					81			
32		/					82			
33	/						83			
34		/					84			
35		/					85			
36		/					86			
37		/					87			
38	/						88			
39		/					89			
40		/					90			
41		/					91			
42	/						92			
43		/					93			
44		/					94			
45		/					95			
46	/						96			
47	/						97			
48	/						98			
49	/						99			
50	/						100			
TOTAL IND.							TOTAL IND.	23		
TOTAL DEP.							TOTAL DEP.	43		
TOTAL CLAIMS							TOTAL CLAIMS	66		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS